dfcu FINANCIAL
P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
dfcufinancial.com

ATM Transaction Dispute Request

Please Read Before Proceeding

1. This form **must** be **completed by the person whose name appears on the ATM or debit card**.
2. If you are reporting *unauthorized or fraudulent* card transactions, your card **must** be closed. Please call us at 888.336.2700 during normal business hours, or 833.448.0024 after hours and on weekends to close your card.
3. We will be unable to process your claim until we have received all of the required information and/or documentation.
4. Forms **must** be received by DFCU Financial within sixty (60) days of the transaction date as printed on your statement. Return the form(s) to DFCU Financial using one of the following methods:

Deliver in person to any DFCU Financial branch location.	**Or**	Mail to: DFCU Financial PO Box 6048 Dearborn, MI 48121-9853	**Or**	Fax to: 313.322.8460

5. Monitor your mail and respond promptly to requests for additional information. Failure to respond by the provided deadlines could result in error denial and reversal of any provisional credits posted to your account.

REQUIRED INFORMATION

Your Contact information:

*Required Fields

*Member Number	*Your Name	*ATM or Debit Card Number

*Daytime Phone Number	*Email Address
*Date You Discovered the Error(s)	*Date Error(s) Reported to DFCU Financial

*Status of Card at the time of transaction

☐ Lost Date:_____ ☐ Stolen Date: _____ ☐ Never Received by You ☐ In Your Possession

Transaction Details: (Please print additional sheets if necessary.)

Merchant Name/ Location	Transaction Date (mm/dd/yy)	Transaction Amount
		$
		$
		$
		$
		$
		$
		$

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Instructions for Completing the Dispute Section

1. Please check **only <u>one</u> dispute type**. Check the box that most closely matches the type of dispute you are submitting.
2. Attach all supporting documents.

☐ The ATM did not dispense any monies, however, the transaction was debited to my account.

☐ The ATM did not dispense the amount requested, however debited my account for the amount entered.

☐ The ATM retrieved the funds before I had a chance to remove it from the machine.

☐ The funds I deposited at the ATM were not credited to my account.

☐ Other/Please Describe:

_____

_____

_____

_____

_____

STATEMENT & AUTHORIZATION

I declare that the information provided on this form is true and correct.

_____ _____

Card Holder Signature Date